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NOV 11 2004

DATE: November 11, 2004  
TO: Commissioner for Patents  
Art Unit: 3663  
COMPANY OR FIRM: USPTO  
FACSIMILE NO.: (703) 872-9306  
FROM: G. Michael Roebuck  
FILE REF: Serial No.: 10/801,473  
Filed: March 16, 2004  
Atty Docket No.: 584-30656-US

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 19

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- 1) Preliminary Amendment
- 2) Claim Amendment Transmittal

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PAGE 1/19 \* RCVD AT 11/11/2004 4:21:34 PM [Eastern Standard Time] \* SVR:USPTO-EPXRF-114 \* DRN:8729306 \* CSID:7132668510 \* DURATION (mm:ss):04:16

11/22/2004 PY/AR/ORD 00000001 020429 10801473  
01 FC:1201 00.00 DA  
02 FC:1202 126.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

*108014473*  
~~587-30656-U.S.~~

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	<i>31</i>
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	<i>31</i> minus 20 = <i>11</i>
INDEPENDENT CLAIMS	<i>7</i> minus 3 = <i>4</i>
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

If the difference in column 1 is less than zero, enter "0" in column 2

*Pre-Amend* CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	<i>38</i>	Minus	<i>31</i> = <i>7</i>
Independent	<i>5</i>	Minus	<i>4</i> = <i>1</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	<i>198</i>
X43=		OR X86=	<i>86</i>
+145=		OR +290=	
TOTAL		OR TOTAL	<i>1054</i>

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	<i>126</i>
X43=		OR X86=	<i>88</i>
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<i>214</i>

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.